Foster Family Home - Corrective Action Report

Provider ID: 1-150027 Anthony Castillo, CNA Home Name: Review ID: 1-150027-5 94-339 Waipahu Street Angelica Galindo Reviewer: Waipahu 96797 Begin Date: 6/13/2019 **Foster Family Home** Required Certificate 6.(d)(1)Comply with all applicable requirements in this chapter; and Comment: Home inspection for a 3 person CCFFH recertification made on 6/13/19. Corrective Action Report issued during home inspection with all items due to CTA by 7/15/19. 6.(d)(1) - see applicable sections of the review **Foster Family Home Background Checks** 8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and Comment: 8.(a)(2) - APS/CAN lapsed for CG#2: due on/before 7/06/2018, done on 12/07/2018. **Foster Family Home** Personnel and Staffing The primary and substitute caregivers shall be assessed by the department for competency in basic caregiver skills 41.(g) and specific skill areas needed to perform tasks necessary to carrying out each client's service plan. The documentation of training and skill competency of all caregivers shall be kept in the client's, case manager's, and caregiver's current records with the current service plan. Comment: 41.(g) - No documentation of basic skills training for CG#3 for Client#1, Client#2, & Client#3. 3 Person Staffing 3 Person Staffing Requirements Allowing the primary caregiver to be absent from the CCFFH for no more than twenty-eight hours in a calendar (3P)(b)(2) Staff week, not exceed five hours per day; provided that the substitute caregiver is present in the CCFFH during the primary caregiver's absence. Where the primary caregiver is absent from the CCFFH in excess of the hours, the substitute caregiver is mandated to be a Certified Nurse Aide, per 321-483(b)(4)(C)(D) HRS. Comment: home. **Foster Family Home Client Care and Services** 43.(c)(3)

(3P)(b)(2) Staff - CCFFH has not been using any 3 person home Sign out sheets to track the hours the PCG is out of the

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Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

43.(c)(3) - No RN delegations present for CG#3 for client#1, Client#2, & Client#3.

Compliance Manager

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Provider ID: 1-150027

Home Name: Anthony Castillo, CNA

Address:

94-339 Waipahu Street Waipahu, HI 96797

- 8. (a)(2)
- APS/CAN Lapsed for CG#2: due on/before 07/06/2018, done on 12/07/2018. - Primary Care Giver will make sure that CG#2's APS/CAN is renewed before

the expiration. APS/CAN was done on 12/07/2018.

- 41. (q) No documentation of basic skills training for CG#3 for client #1, Client #2, & Client #3.
 - CG#3's basic skills training was completed with the Case Manager/RN on July 3rd with Lisa Supnet contact # 256-1533. Primary Care giver will make sure that any SG's basic skills are completed before they begin to work. CG#3 have signed all required documents and kept in the binder.
- 3P(b)(2) Staff CCFFH has not been using any 3 person home Sign out sheets to track the hours the PCG is out of the home.
 - PCG will make sure that home sign out sheets are completed and sign when I'm out of the home. I have made a binder with a sign out sheet that is accessible to my SG's.
- No RN delegations presented for CG#3 for client #1, Client#2, & Client #3. 43.(c)(3)
 - Delegations for CG#3 was completed with Case/Manager/RN on July 3rd with Lisa Supnet, contact # 256-1533. CG#3 have signed all the required documents and kept in the binder.

I will make sure that above requirements are completed for my CCFFH as long a I continue to operate my business. THANK YOU VERY MUCH!

Anthony Castillo Primary Care Giver 7-5-2019